



Patient Name : MR. BHARAT MISHRA

Age / Gender : 45 years / Male

Patient ID : 21025

Referral : MEDI WHEEL

Collection Time : 27/04/2024, 01:12 PM

Reporting Time : 27/04/2024, 05:04 PM

Sample ID :



24030

Test Description	Value(s)	Reference Range	Unit
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Blood Group ABO & Rh Typing, Blood

Blood Group (ABO typing)

Method : Manual-Hemagglutination

"O"

RhD Factor (Rh Typing)

Method : Manual hemagglutination

Positive

ESR, Erythrocyte Sedimentation Rate

ESR - Erythrocyte Sedimentation Rate

15

0 - 15

mm/hr

Method : EDTA Whole Blood, Manual Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

END OF REPORT

P. Sekhar
Lab technician

K. Sahoo
Dr.Kundan Kumar Sahoo
CONSULTANT PATHOLOGIST /
MICROBIOLOGIST

For Home Collection Please Call at Number :

Zena Healthcare Services

Plot No. 119, Opp. Water tank Lane, Near Police Phandi, Saheed Nagar, Bhubaneswar-07

Ph. : 0674-2549902, 9692276908, 8337964922, E-mail : zenahealthcare@gmail.com

Website : www.zenacare.in

Wishing Good Health

Patient Name : MR. BHARAT MISHRA

Age / Gender : 45 years / Male

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Test Description	Value(s)	Reference Range	Unit
Thyroid Profile (T3, T4, TSH)			
T3-Total Method : CLIA	1.96	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	8.47	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	2.39	0.45 - 4.50	uIU/mL

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent L4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent L4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

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B. S. Saha
Lab technician

M. Saha
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Test Description	Value(s)	Reference Range	Unit
LFT, Liver Function Test			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.76	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.20	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.56	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with PSP, IFCC 37 degree	21.36	8 - 33	U/L
SGPT Method : Serum, UV with PSP, IFCC 37 degree	28.49	3 - 35	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	7.13	< 55	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	86.27	53-128	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.36	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	4.19	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	3.17	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	1.32	1.2 - 2.2	

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Sample ID :



Test Description	Value(s)	Reference Range	Unit
Lipid Profile			
Cholesterol-Total Method : Spectrophotometry	123.48	Desirable level < 200 Borderline High 200-239 High >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	260.05	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	30.87	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	40.60	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	52.01	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	1.32	2.5 - 3.5	

Note:

8-10 hours fasting sample is required.

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HbA1c, Glycosylated Hemoglobin

HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD 5.59 %

Method : (HPLC, NGSP certified)

Estimated Average Glucose : 113.73 - mg/dL

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212

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10	240
11	269
12	298

Glucose, Fasting (FBS)

Glucose fasting 109.18 75 - 115 mg/dL
Method : Fluoride Plasma-F, Hexokinase

Glucose, Post Prandial (PP)

Blood Glucose-Post Prandial 125.19 70 - 140 mg/dL
Method : Hexokinase

Creatinine

Creatinine 0.93 0.60 - 1.30 mg/dL
Method : Serum, Jaffe

Uric acid, Serum

Uric Acid 5.13 3.4 - 7.0 mg/dL
Method : Uricase, Colorimetric

BUN, Serum

BUN-Blood Urea Nitroge 12 10 - 50 mg/dL
Method : Serum, Urease

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Urine(R/M) Routine Examination of Urine

General Examination

Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 6.0	4.5 - 7.0	
Specific gravity	1.020	1.005 - 1.030	

Chemical Examination


Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Absent	Absent	

Microscopic Examination

Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	0 - 5 /HPF	0-9	/hpf
Epithelial cells	1 - 2 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

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